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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

State of Washington
Application for a Water Right Permit

☒ SURFACE WATER ☐ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

For Ecology Use
(Date Stamp)

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Grant Cnty PUD 2 (in WRTS)

Applicant/Business Name: Public Utility District No. 2 of Grant County, Washington	Phone No: (509) 754-0500	FAX No: (509) 793-1548
Address: PO Box 878		
City: Ephrata	State: WA	Zip: 98823
Email Address (optional):		

Contact Name (if different from above): Ross Hendrick	Phone No: (509) 754-5088 Ext. 2468	FAX No: (509) 793-1548
Relationship to Applicant: Employee		
Address: PO Box 878		
City: Ephrata	State: WA	Zip: 98823
Email Address (optional): rhendr1@gcpud.org		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Production (adult holding, incubation, rearing, and acclimation) of spring Chinook salmon smolts and potential habitat enhancement.

Anticipated length of time to complete your project: 5 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Fish Rearing and Acclimation	5152		4414	Nov-May (approximate)
Fish Holding and Rearing	1344		362	June-July (approximate)
Fish Holding and Rearing	2688		1093	Aug-Oct (approximate)
TOTAL:	9184		5869	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

For Ecology Use	APPLICATION NO: <u>54-35319</u>	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>5-18-2010</u> By _____ WRIA: <u>45-Chelan</u>

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input checked="" type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: <u>Nason Creek</u>	Well diameter & depth: _____
Tributary to: <u>Wenatchee River</u>	Number of proposed points of withdrawal: _____
Number of proposed diversion points: <u>1</u>	Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If available, attach Water Well Report and pump test. Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
261611140020	SE	NE	11	26 N	16 E	Chelan
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
2,110 Feet (☐ North/☒ South) and 770 feet (☐ East/☒ West)
from the (☐NW ☐SW ☒NE ☐SE ☐____) corner of Section 11.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
____ feet (☐ North/☐ South) and ____ feet (☐ East/☐ West)
from the (☐NW ☐SW ☐NE ☐SE ☐____) corner of Section ____.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Parcel No. 261611140020: See Attachment A						
Parcel No. 261612230100: See Attachment B						
¼	¼	Section	Twp.	Range	County	Parcel No.
SE & SW	NE & NW	11 & 12	26 N & 26 N	16 E & 16 E	Chelan & Chelan	261611140020 & 261612230100

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide owner name(s), address, and phone number: _____

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____	Check No: _____
Date Returned _____ By _____ Priority Date _____ By _____ WRIA: _____		

Are there any other water rights or claims associated with this property or water system ☐ YES ☒ NO
If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map (See Attachment C).

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): See Attachment C for preliminary drawings. System of four 90-hp pumps (3 duty and 1 spare) rated for 1,800 GPM (at 105' total dynamic head) will pump surface water through a proposed screened surface water gravity intake located on the right embankment of Nason Creek to the hatchery through an 18-inch diameter pipeline to the hatchery facilities. Water from the hatchery will flow back to Nason Creek via a 48-inch diameter storm drain pipe not more than 200 feet downstream of the diversion point. Supply water will first pass through a trash rack constructed immediately adjacent and tangential to the river channel, then through inclined flat panel screens. Self-cleaning, inclined flat panel screens will have slotted width openings in compliance with the NMFS criteria. Screen bypass flows will direct downstream migrants immediately back to Nason Creek. Screened surface water is directed to a pump chamber sized to minimize sediment accumulation. The water is then pumped directly to the rearing units/ adult ponds or the surface water treatment facility (Ultraviolet Radiation (UV)). A total of 3 vertical turbine pumps are required. The design calls for 4 vertical turbine pumps to allow for maintenance of one pump at a time. The proposed drainage system will have a discharge into Nason Creek along the right bank. The system will function as the main drain line for all of the new hatchery facilities. The drainage system will accommodate full surface water discharge.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ _____ _____ _____ _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: Fish holding/rearing/acclimation ponds will be constructed; see Attachment C for preliminary drawings.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Leavenworth, head west on US Hwy 2 approximately 17 miles towards WDOT Nason Creek Rest Area (on North side of US Hwy 2); continue west past Rest Area; site is located along south side of US Hwy 2 just before bridge crosses Nason Creek..

Site Address: No address at this time

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

<u>Julie E. Piper</u> Print Name <u>Acting NEA Director</u> (Applicant or authorized representative)	<u>Julie E. Piper</u> Signature	<u>05-13-10</u> Date
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<u>Julie E. Piper</u> Print Name <u>Acting NEA Director</u> (Landowner of Place of Use)	<u>Julie E. Piper</u> Signature	<u>05-13-10</u> Date
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_____ Print Name (Landowner of Place of Use)	_____ Signature	_____ Date
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_____ Print Name (Landowner of Place of Use)	_____ Signature	_____ Date
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Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 47611
OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.
☐ Southwest ☐ Northwest ☒ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.